

USAID SUSTAINABLE MANAGEMENT OF THE HIV/AIDS RESPONSE AND TRANSITION TO TA PROJECT (SMART TA)



FY12

Quarter 1 Performance Report (October –
December 2010)



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ACRONYMS AND ABBREVIATIONS

ANC	Antenatal Care
ART	Antiretroviral therapy
ARV	Antiretroviral
CA	Cooperative Agency
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control and Prevention
CMT	Clinical Management Training
CoP	Chief of Party
CoPC	Continuum of Prevention-to-Care
CSO	Civil Society Organization
CUP	Condom Use Program
DST	Department of Science and Training
FSW	Female Sex Worker
GFATM	Global Fund to Fight AIDS, TB and Malaria
GIS	Geographic Information System
GVN	Government of Vietnam
HCMC	Ho Chi Minh City
HPI	Health Policy Initiative
HSS	Health Systems Strengthening
HTC	HIV Testing and Counseling
HMU	Hanoi Medical University
IBBS	Integrated Biologic and Behavioral Surveillance
ICT	Information and Communications Technology
IDU	Injecting Drug User
IMF	International Monetary Fund
IPT	Isoniazid Prevention Therapy
KNCV	Dutch TB Foundation
MARP	Most-at-Risk Population
MF	Ministry of Finance

MMT	Methadone Maintenance Therapy
MOH	Ministry of Health
MOLISA	Ministry of Labor, Invalids and Social Affairs
MPI	Ministry of Planning and Investment
MSM	Men who have Sex with Men
OI	Opportunistic Infection
OPC	Outpatient clinic
OR	Operational Research
PAC	Provincial AIDS Center
Pathways	Pathways for Participation
PEPFAR	The President's Emergency Plan for AIDS Relief (includes USAID, CDC, SAMHSA, DoD)
PHR	Partners for Health Research
PITC	Provider Initiated Testing and Counselling
PLHIV	People Living with HIV
PLP	Pathways Lead Partners
QI	Quality Improvement
SAMHSA	Substance Abuse and Mental Health Services Administration
SI	Strategic Information
SMART TA	Sustainable Management of the HIV/AIDS Response and Transition to Technical Assistance
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TA	Technical Assistance
TAB	Transition Advisory Board
TB	Tuberculosis
TMA	Total Market Approach
VAAC	Vietnam Administration for HIV/AIDS Control
VNIS360	FHI 360 Vietnam Information System

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SMART TA

QUARTER 1 PERFORMANCE REPORT (OCTOBER – DECEMBER 2010)

PROGRAM OVERVIEW

The USAID *Sustainable Management of the HIV/AIDS Response and Transition to Technical Assistance Project* – or “SMART TA” – is a five-year, 45 million USD initiative that strives to ensure the provision of quality comprehensive and sustainable HIV services through a strengthened national response. It is designed to contribute directly to the targets identified in the *National Strategy on HIV/AIDS Prevention and Control in Vietnam* and the *Partnership Framework Between the Government of the United States of America and the Government of the Socialist Republic of Vietnam for HIV/AIDS Prevention and Control*.

FHI 360 works in collaboration with the Government of Viet Nam (GVN), PEPFAR, other key stakeholders and over 30 local agencies to implement SMART TA and deliver results across three main strategic objectives: (1) delivery of quality HIV services within the Continuum of HIV Prevention and Care (CoPC); (2) transitioning of financial, administrative and technical ownership of CoPC services to the GVN and other stakeholders; and (3) strengthening of technical capacity and country ownership to sustain quality HIV services. The guiding principles of SMART TA are country ownership, sustainability, participation and accountability, quality improvement, and coordination and collaboration.

Over a five-year period, SMART TA will work towards the following key results:

- 100% of SMART TA-supported CoPC interventions, partners and sites transitioned to the GVN and local partners, with resources coming from the government, other donor sources, and efficiency gains
- Sustainable CoPC models for medium and low resourced provinces operationalized, with innovative, efficient, evidence-based approaches extended across the country
- Quality improvement (QI)/technical capacity building assistance provided, with local institutions identified and strengthened to deliver this assistance
- Strengthened country ownership of the HIV response, including an enhanced profile of CSOs and MARP networks (in partnership with the Pathways for Participation initiative)

- Direct service provision (prior to transitioning USAID-financially supported implementation through SMART TA) estimated to reach the following beneficiaries:
 - 32,338 female sex workers (FSWs), 5,000 male clients, 30,740 people who inject drugs (IDUs) and 17,751 men who have sex with men (MSM) reached with HIV prevention services in targeted PEPFAR provinces;
 - 5,035 IDUs received MMT across 20 sites, 5 of which will be fully integrated with HIV care and treatment services;
 - 39,120 PLHIV and family members received umbrella care, including 19,560 adults and children living with HIV enrolled in HIV care and treatment services across 33 CoPC sites, of which 16,300 received antiretroviral therapy (ART).

SMART TA will assist the GVN to transition strategic information efforts and core and supplementary packages of HIV prevention and care services in focus provinces and beyond. Over the course of the initiative, SMART TA will (a) assess the capacity of the GVN and civil society organizations (CSOs) [the latter in collaboration with Pathways] to implement individualized CoPC interventions for each province and develop annual capacity-building plans; (b) collaborate on the development of cost-effective CoPC models and service packages that can be replicated using local resources; (c) integrate services that maximize existing resources and meet clients' needs; (d) strengthen national, provincial and district CoPC referral networks; (e) strengthen data use for program planning and revision; and (f) ensure quality across implementing sites and implementing agencies.

The transition of financial, administrative and technical responsibilities for the implementation of HIV CoPC programs supported by SMART TA will require national and provincial consensus-building, capacity assessment, standardization of models and service packages, development of individual provincial transition plans, technical support, and ongoing monitoring and quality assurance/improvement. SMART TA will work with USAID, the Ministry of Health (MOH) and the Vietnam Administration for HIV/AIDS Control (VAAC), the Ministry of Labor, Invalids and Social Affairs (MOLISA), the Ministry of Planning and Investment (MPI), the Ministry of Finance (MF), Provincial AIDS Centers (PACs), CSOs, Pathways partners, PEPFAR and other stakeholders to transition 100% of the current FHI 360 implementation portfolio to the GVN and relevant CSOs by Year 5.

This document constitutes SMART TA's FY12 Quarter 1 Performance Report for the period 01 October to 31 December 2011. The following sections outline:

- Progress Towards Strategic Objectives and Program Indicators
- Project Management and Personnel Requirements
- Information on Cost Over runs
- Next Reporting Period Technical Assistance and International Travel Priorities
- SMART TA Success Stories

PROGRESS TOWARDS STRATEGIC OBJECTIVES AND PROGRAM INDICATORS

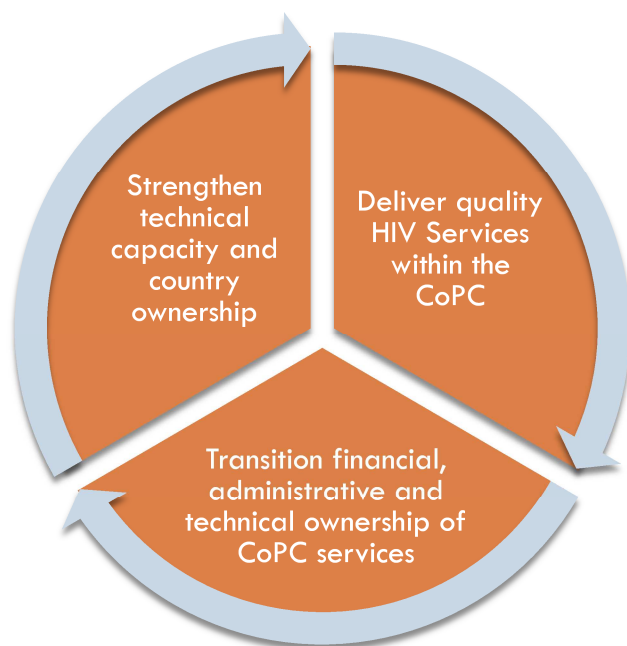


Figure 1: SMART TA Technical Approach

SMART TA strives to achieve results across three main strategic objectives:

1. *Deliver quality HIV services within the CoPC.* SMART TA will collaborate on the development of efficient and cost effective core and supplementary service packages that can be replicated in medium and low resourced provinces. The program will ensure quality across implementing programs while transitioning full ownership to the GVN and CSOs.
2. *Transition financial, administrative and technical ownership of CoPC services.* SMART TA is working with USAID to incrementally transition all financial and technical responsibility for CoPC programs to the GVN and local partners over five years, based on systematic assessments of capacity, resources and effective implementation models that match local HIV epidemic needs. Throughout the life of the agreement, SMART TA will provide the MOH, line ministries, PACs/PHS and CSOs with support to guarantee the success of this transition and will work to harmonize transitions processes with CDC-Lifegap, as appropriate.
3. *Strengthen technical capacity and country ownership.* SMART TA will strengthen the institutional capacity and develop the human capital of targeted GVN and CSOs (particularly those supported by Pathways) to manage, implement and sustain the HIV response. Technical assistance, capacity building measures and QI processes will be increasingly led and delivered by local organizations, institutions and providers.

I. Deliver Quality HIV Services Within the CoPC

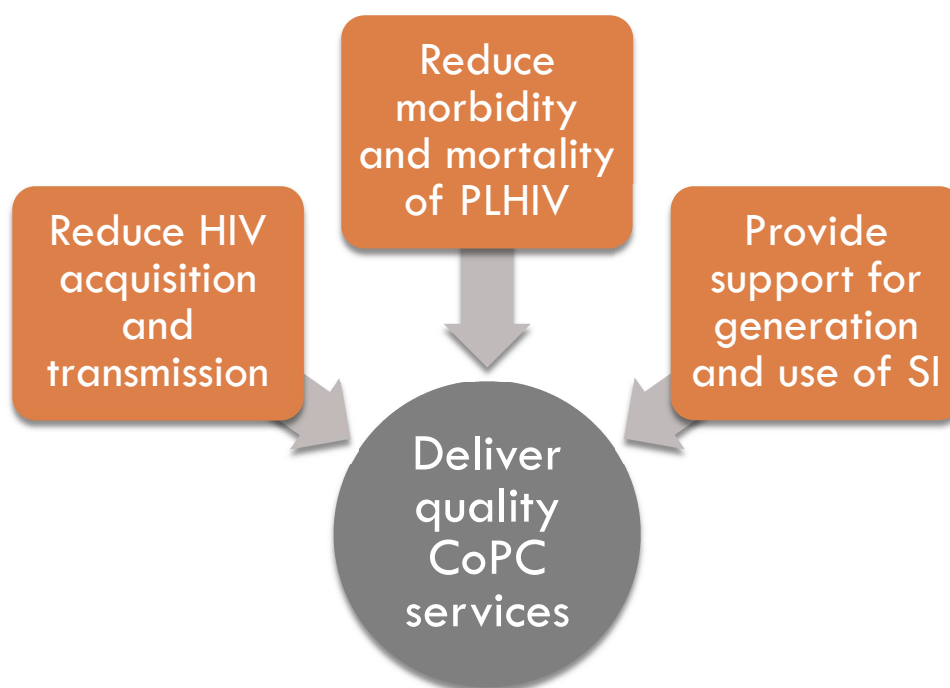


Figure 2: SMART TA Objective 1 Interventions Strategy

SMART TA is working with the GVN, PEPFAR and other key stakeholders to operationalize sustainable, efficient and evidence-based CoPC models in medium and low resourced provinces across the country. Three specific foci underpin Objective 1:

1. Reduce acquisition and transmission of HIV: strengthen the focus on MARPs
2. Reduce morbidity and mortality of PLHIV and improve quality of life
3. Provide targeted support for the generation and use of HIV-related strategic information (SI)

1.1 Reduce Acquisition and Transmission of HIV

Coverage of prevention interventions has increased dramatically in Viet Nam over the past few years. Critical gaps in the prevention response, however, threaten the success of these achievements, including difficulties measuring and extending HIV prevention reach; the lack of segmented approaches to address clients with overlapping risks; and deficiencies in the structural and policy environments. SMART TA will address these gaps with an intensified approach to:

- Ensure coverage of evidence-based prevention interventions and establish efficient, cost-effective models for a sustainable prevention response
- Ensure access to, and use of, critical commodities

- Strengthen demand for, and uptake of, comprehensive health and social services
- Improve the enabling environment for MARP-focused HIV prevention and care

Ensure Coverage and Establish a Sustainable Prevention Response

In year 1, SMART TA will provide financial, programmatic and technical support to GVN and CSO implementing agencies to reach 32,338 female sex workers, 30,740 people who inject drugs, and 17,751 men who have sex with men with HIV prevention interventions. To prepare for transition to GVN and CSO ownership, the current prevention service package and model of service provision in SMART TA-supported sites will be extensively reviewed and SMART TA will work with PEPFAR, GVN and others to develop a cost effective, core package of prevention services. SMART TA will also analyze and critique current intervention strategies and suggest new approaches that better respond to the specific needs of MARP sub-populations.

In the first quarter of SMART TA implementation, SMART TA partners have achieved the following results:

Table 1 | Coverage and Sustainability Performance

Performance Indicator/Output	FY12 Target	Q1 Achievement
Number of MARPs reached with individual and/or small group level interventions that are based on evidence and/or meet minimum standards required	80,829 by Q4 <ul style="list-style-type: none"> ▪ 30,740 PWID ▪ 17,751 MSM ▪ 32,338 FSWs ▪ 600 PSP (PWID) 	33,510 in Q1 <ul style="list-style-type: none"> ▪ 9,534 PWID ▪ 6,274 MSM ▪ 17,305 FSWs ▪ 397 PSP (PWID)
Province CoPC reviews completed in SMART TA-supported areas	11 provinces by Q2	8 provincial reviews completed in Q1
CoPC core/supplementary service packages drafted with all relevant stakeholders	Drafted by Q4	Review of current interventions undertaken by FHI 360 technical teams
Peer-driven interventions trialed in at least 2 sites	Report with results by Q4	Consultations in HCMC; FHI 360 is preparing document with suggestions for different approaches
Digital interventions (MSM) implemented and assessed	Report with recommendations by end of Q2	Report in preparation
Prevention TA and capacity building plan developed and implemented	Plan developed by end of Q2	Initial TA priorities articulated during provincial consultations
Prevention components of SMART-TA supported subagreements revised as per efficiency gains	Revised sub-agreements by end of Q2	22 bridge sub-agreements prepared; new sub-agreement template in preparation

Programmatic Strategies: Achievements

- FHI 360 began implementation of the SMART TA program on 1 October 2011. In an effort to ensure that HIV CoPC services were not disrupted during the SMART TA start up period, FHI 360 prepared **22 bridge subagreements** with GVN and CSO implementing agencies previously supported under USAID Agreement No. AID-486-A-00009. The majority of the sub-agreements are for a 5-month period – which began 01 November 2011 and ends on 31 March 2012. Current sub-agreements focus on the continuation of current CoPC programmatic interventions and allow SMART TA time to work with these implementing agencies and other stakeholders to identify efficiency gains, introduce innovative approaches and articulate transitioning strategies that are tailored to the specific epidemiological and resource realities of targeted provinces.
- FHI 360's implementing partners reached **33,510 MARPs** with individual and small group-level interventions, or approximately **41%** of the targeted total, over the first quarter of SMART TA.
- **Eight provincial consultations** – in the Northwest Region (Lao Cai, Dien Bien); the North (Hanoi, Haiphong, Quang Ninh and Nghe An); and the Mekong Delta region (An Giang and Can Tho) – were facilitated in collaboration with USAID/PEPFAR, Pathways and provincial health authorities. The consultations provided an opportunity to (a) consolidate and discuss CoPC interventions mapping data, with the intention of elucidating a “snapshot” of CoPC implementation across targeted provinces, irrespective of funding agency; (b) identify and discuss programmatic overlaps, inefficiencies, gaps and priorities in the provincial HIV response; and (c) foster and support collaboration across funding agencies and program implementers in HIV CoPC programming.

Data generated from provincial consultations will inform the development of **CoPC core and supplementary service packages** for medium and low burden provinces. It will also form the basis of **new sub-agreements** developed by USAID/FHI 360 and implementing partners which come into effect on 01 April 2012. SMART TA recognizes that the articulation of core/supplementary service packages is a collaborative activity across GVN, funders, multilateral organizations and CSOs. In an effort to actively participate in these upcoming discussions, FHI 360 prevention technical units have begun analyzing existing service packages and identifying areas that could be modified/streamlined for greater efficiency and impact. New sub-agreement templates – which have been drafted in quarter 1 – will provide a mechanism to develop these core/supplementary packages and trial new approaches at the provincial levels.

- In particular provincial consultations (e.g. Ho Chi Minh City), GVN health authorities have highlighted the need for trialing **alternative prevention outreach models** among people who inject drugs and MSM. In HCMC, FHI 360 has participated in follow-on consultations, together with USAID, Pathways, CDC-Lifegap and others, in an effort to articulate strategies and identify resources and program sites. With some confusion among partners about what actually constitutes “social network” and/or “peer-driven” interventions, SMART TA has

started to draft a paper that articulates possible strategies that can be built upon using existing Vietnam interventions and resources. FHI 360 is also working with provincial implementing partners to identify the most appropriate areas in which to trial new approaches.

- SMART TA and its partners are interested in exploring whether **digital communications** can expand reach and foster positive, measurable behaviors among MSM. In Quarter 1, FHI 360 reviewed popular Vietnamese MSM websites in the country and has made initial recommendations on ways to use the internet to foster HIV prevention and social networking efforts. These preliminary recommendations will be discussed in more detail with program partners and USAID/PEPFAR in the subsequent quarterly period.
- SMART TA has further developed the scope of work for an informal **MSM consultative group** to help the GVN and relevant CSOs design more effective and relevant communications messages, channels and strategies. Two groups based in HCMC and Hanoi (consisting of up to 20 visible and discrete MSM) will begin meeting in the next quarter.

Programmatic Strategies: Challenges

- While all 22 sub-agreements are now in implementation, there were initial **delays** in preparing these materials and in actualizing approvals via the GVN and USAID concurrence systems. FHI 360 hopes to reduce these delays in the upcoming sub-agreement development period by developing a broad template that can be quickly adjusted across programmatic implementing agencies.
- Introducing a complex program like SMART TA can be difficult and it is not surprising that GVN and CSO partners have initially been uneasy with the transitioning objectives of the initiative. One response to this discomfort has been to suggest extensive cost savings through socialization approaches and cuts to existing programs. FHI 360 will need to temper some of these suggestions with **realistic, evidence-based options** that protect the gains of the HIV response. GVN agencies will also require specific technical assistance in approaches such as professional case management for people who inject drugs, and peer-driven and/or social network interventions, so that they better understand the principles and strategies engendered in these approaches, and can adapt them to the realities in their particular provincial areas.
- It takes **time and coordination** to develop core and supplementary service packages and introduce innovative programmatic approaches. While FHI 360 is committed to this process, it may adversely affect the time line of SMART TA activities.

Plans for Next Quarterly Period

- Completion of final 3 provincial consultations (HCMC, Khan Hoa and Da Nang); drafting of all provincial consultation reports; and sharing of provincial consultation outcomes with PEPFAR partners

- Development of new 9-month sub-agreements, in consultation with implementing partners, USAID/PEPFAR and the GVN
- Preparation and sharing of possible peer-driven and social network approaches for PWID and MSM; identification of potential programmatic sites; and discussions with USAID/PEPFAR and GVN on ways to measure and compare outcomes with more traditional outreach models
- Facilitation of at least one consultation to discuss the development of prevention core and supplementary service packages with relevant GVN, CSO, multilateral and donor agencies
- Sharing of MSM internet review recommendations and discussions with implementing partners on ways to improve internet outreach, service/commodity promotion and measurement
- Articulation of quarterly provincial prevention TA priorities, as part of sub-agreement reporting guidelines

Ensure Access to, and Use of, Critical Commodities

SMART TA is committed to moving from extensive free distribution of commodities (condoms, lubricant and needles and syringes) to more sustainable social marketing and private sector purchase efforts. In each targeted province, SMART TA will work closely with PSI and others to support implementing agencies and the private sector to develop, implement, manage and monitor commodity social marketing and total market approach (TMA) plans. Selective free distribution – based on agreed-upon criteria for specific most-at-risk population segments – will be utilized as a means to normalize these products and to stimulate consumer purchase behaviors. SMART TA will utilize commodity communications and monitoring tools developed by PSI to ensure consistency of efforts across programs and sites.

SMART TA will work closely with HPI, PSI and other key stakeholders on the management, implementation, monitoring and scaling up of the 100% CUP. Collaboration here includes work on the articulation of 100% CUP key components, support for on-the-ground implementation, monitoring the availability/accessibility of condoms at entertainment establishments (through peer educators), and advocacy efforts among GVN ministries for scale-up and sustainability.

In the first quarter of SMART TA implementation, SMART TA partners have achieved the following key results:

Table 2 | Commodity Access/Use Performance

Performance Indicator/Output	FY12 Target	Q1 Achievement
Commodity availability/accessibility reviews carried out (or existing data triangulated)	11 reviews by Q2 (part of province reviews)	Commodity analyses conducted as part of 8 provincial reviews
Commodity distribution, social marketing and TMA plans developed with PSI and PACs	Plans/process articulated in subagreements (end of Q2)	
100% CUP interventions expanded in 2 provinces	Report with results by Q4	SMART TA staff participated in 2 100% CUP provincial assessments

Performance Indicator/Output	FY12 Target	Q1 Achievement
NSP marketing and private sector sales expanded in 2 provinces	Report with recommendations by end of Q2	Compilation of first quarter sales total (to be disaggregated and tracked)
Number of needles and syringes distributed to people who inject drugs during individual or group-level interventions		Total: 420,337 MSM: 540 FSW: 3822 PWID: 415,975
Number of pharmacies involved in needle and syringe programming		456
Number of needles and syringes sold by designated pharmacies or other sales points		173,960
Number of fixed boxes with N&S and condoms		156
Number of condoms distributed to PWID, MSM and FSWs during individual or group-level interventions		Total: 349,533 MSM: 48,946 FSW: 177,362 IDU: 123,225
Number of condoms sold in SMART TA-supported entertainment establishments		6912 (An Giang only)
Number of lubricant sachets distributed to MSM during individual or group-level interventions		Total: 11,554 MSM: 6178 FSW: 5376 PWID: 0

Programmatic Strategies: Achievements

- While the commodity information generated in the provincial consultations (and the data reflected in the table above) indicate an over-reliance on free distribution, FHI 360 is supporting our partners to emphasize social marketed and private purchase options. The **“Safe Pharmacies”** initiative increased the number of participating pharmacies from 140 one year ago to 456 today. Approximately 173,960 needles and syringes were sold to PWID through these safe, non-stigmatizing settings, almost 1/3 of the total disbursement.
- As part of their commitment to ensure clean and safe environments for their constituents, Dien Bien has worked out a cost-sharing arrangement with SMART TA for the construction and operation of 23 **needle and syringe incinerators**. The province hopes to construct an additional 20 incinerators during the FY12 fiscal year, and SMART TA will work with provincial stakeholders to suggest more environmentally sound alternatives, such as autoclaving.
- Over Quarter 1, FHI 360 participated in consultations in Lao Cai and Nghe An which focused on assessing possible expansion of the **100% CUP**. The consultations brought together representatives from the GVN (PAC, DOST, DoLISA, DOPS), USAID, HPI and PSI,

and emphasized collaboration and better coordination to ensure the availability and accessibility of condoms in targeted entertainment establishments and guesthouses/hotels. DKT was further suggested as a possible private sector partner for commodity supplies within this venture.

Programmatic Strategies: Challenges

Provincial partners continue to emphasize **free distribution of commodities** as the best way to ensure the accessibility/use of these products by MARPs. Though information from the provincial consultations has indicated that MARPs and/or establishments can and will purchase commodities, there has not been substantive work in demand creation/promotion and tracking. With leadership from PSI, SMART TA will support our provincial partners to develop TMA commodity plans that promote commercial and socially marketed needles, syringes, condoms and lubricant for MARP sub-populations. Efforts will be made to ensure that promoted products are those that are most favored by end users (e.g. no dead space syringes, 1cc needles, particular branded condoms, etc).

Plans for Next Quarterly Period

- Consultation(s) with PSI to operationalize TMA planning, implementation and tracking in targeted provinces
- Exploration of costs for environmentally sound autoclaving/burial alternatives to needle and syringe incinerators in Dien Bien
- Review of safe pharmacies initiative (results and lessons learned) in Hanoi and provision of targeted communications training to pharmacy workers
- Develop (if unavailable) demand creation communications for PWID on needle, syringe and condom purchase benefits
- Participate in 100% CUP expansion plans and processes

Strengthen Demand and Uptake of Services

SMART TA will work with GVN and CSO implementing agencies to strengthen service referral linkages and consumer demand to ensure that MARP subpopulations avail critical health and social services. Depending on the vulnerable group, epidemic burden and provincial resource setting, essential services may include HIV testing and counseling (HTC), MMT, HIV care and treatment, STI screening, addictions case management, sexual and reproductive health, and relevant social services. Specific MARP service delivery packages will be articulated in CoPC core and supplementary models developed in the course of SMART TA.

In the first quarter of SMART TA implementation, SMART TA partners have achieved the following results:

Table 3 | Service Access and Uptake Performance

Performance Indicator/Output	FY12 Target	Q1 Achievement
Number of clinics offering opioid substitution therapy (MMT)	17	13
Number of people who inject drugs on opioid substitution therapy	3200	3231
Number/percentage of MMT sites where PITC/mobile HTC is integrated	14/82%	2 sites (Le Chan and Thuy Nguyen in Hai Phong)
Number of individuals who received testing and counseling services for HIV and received their test results	71,500	12,933
Number of service outlets providing counseling and testing according to national or international standards	Reduction of current sites by 5%	33 (32 fixed with 50% offering mobile services; 1 exclusively mobile service)
Service uptake targets revised across MARP prevention portfolio	Revised in new sub-agreements	Sub-agreement template drafted with service uptake targets
Service referral and uptake incentive schemes trialed in selected areas	HIV uptake increased by 10% in designated areas/subpopulations	Sub-agreement template drafted with service uptake targets
Number of people who use drugs availing HIV workplace interventions	60	87

Programmatic Strategies: Achievements

- As part of the eight provincial consultations that took place in Quarter 1, **CoPC services were mapped** and uptake figures were presented. SMART TA will work with GVN, PEPFAR and other key stakeholders to further analyze this mapping data and make recommendations for service consolidation, closure, strengthening or expansion, based on the needs of MARP sub-populations, the disease burden, and provincial resource levels.
- While SMART TA has not yet reached its target for **MMT** clinic expansion, it has already exceeded its target for clients availing this critical service.
- In collaboration with Chemonics, FHI 360 has exceeded its target for PWID accessing **workplace interventions**. These programs provide essential skills building and vocational training that help PWID improve their quality of life, increase their financial independence, and continue to live drug free lives.

Programmatic Strategies: Challenges

- It remains clear that the **demand for MMT** greatly exceeds the current service availability. Augmenting the slow service expansion are the logistical and legal barriers that affect patient selection and access. FHI 360 is one of the technical partners reviewing and

providing inputs into the **MMT Decree**, which is expected to be endorsed in Quarter 2. SMART TA will also play a role in helping to simplify patient selection processes at site levels.

- **HTC uptake targets** are markedly down this quarter as a result of (a) the closure or modification of HTC services as a result of drop in center closure; (b) a reduction in travel allowances provided to peer outreach workers accompanying individuals to HTC services; (c) the lack of tracking for MARP sub-populations availing HTC at sites that are not supported by SMART TA; and (d) the lack of PITC in MMT clinics. FHI 360 will be working with provincial implementing partners in Quarter 2 to develop creative strategies that generate demand for HTC and track uptake across targeted provinces and sites.

Plans for Next Quarterly Period

- Development of new 9-month sub-agreements that emphasize revised service uptake targets, tracking, and demand creation strategies. Sub-agreement strategies may also focus on the closing and/or consolidation of specific services, and may articulate ways to strengthen existing service provision.
- Work with PACs in Hai Phong and Hanoi to prepare for MMT implementation in three new MMT clinics: Dong Da MMT clinic in Hanoi; Duong Kinh clinic in Hai Phong; and the An Hung/An Duong dispensing site in Hai Phong. These clinics will be ready to open and receive patients in Quarter II, bringing the total of USAID/SMART TA supported MMT clinics to the annual target of 17.
- Work with the HTC PEPFAR team to initiate PITC at all SMART TA-supported MMT clinics
- Organize one advocacy meeting in Son Tay (Hanoi) with the Department of Public Security to enhance the access to MMT treatment

Improve Enabling Environment for MARP HIV Prevention and Care

SMART TA recognizes that profound policy and structural barriers make it difficult for MARPs to access and utilize the information, products, services and support they need to remain free of HIV or to live positively with the virus. HPI highlights three key legal/policy areas where partners must work collaboratively and consistently to make a difference:

- *Drug use and HIV:* New or revised drug legal framework reducing emphasis on (looking towards closure of) 06 centers and substituting a system of voluntary, evidence- and community-based substance abuse treatment (including methadone treatment and other modalities) and harm reduction interventions for HIV prevention (including needle/syringe and condom provision).
- *Sex work and HIV:* New law on sex work and inter-ministerial circular on condom provision that shift focus from “social evils”/punitive approach to sex work (prohibition, arrest,

confinement in 05 centers) to a harm reduction approach (total market-based condom provision, expansion of 100% CUP).

- *Expanded role for civil society in HIV response:* Revision of Budget Law and/or use of procurement process to enable CSOs to receive direct funding from the government to provide HIV services.

In the first quarter of SMART TA implementation, SMART TA partners have achieved the following results:

Table 4 | Enabling Environment Performance

Performance Indicator/Output	FY12 Target	Q1 Achievement
Number of policy/advocacy tools prepared, in collaboration with key stakeholders	2	1 position paper and 7 policy briefs drafted (with support from Atlantic Philanthropies)
Number of press releases prepared and provided to media	2	
Number of stories related to SMART TA work publicized in different media channels	2	
Number of provinces where GVN has sub-contracted CSOs to carry out CoPC interventions through SMART TA sub-agreements	1	

Programmatic Strategies: Achievements

- With support from Atlantic Philanthropies, SMART TA will use a position paper on drug use policy and strategy, along with seven policy briefs arising out of the paper, to support the development and scaling up of voluntary, **community-based drug addictions care and treatment** services. These documents build upon the materials developed by HPI and will be used together to advocate for the dismantling of current detention-focused initiatives.
- With funding from USAID and CDC, FHI 360 provided technical support to the MOH to organize the **National Advocacy MMT meeting** chaired by the new Deputy Prime Minister, Nguyen Xuan Phuc; and attended by key Ministries and Leaders from 30 provinces/cities. As part of the meeting, FHI 360 Country Director Dr. Stephen Mills presented the MMT cohort results at 24 months.

Programmatic Strategies: Challenges

- It remains unclear about how PEPFAR partners – under the leadership of HPI – are working together to **advance the three key policy areas** articulated above. FHI 360 would like to suggest that HPI/PEPFAR call a meeting to articulate an annual advocacy strategy and plan to ensure synergy of efforts in these important areas.

- Ensuring easy **access of essential commodities** (condoms, needles and syringes) in places like entertainment establishments, guesthouses, MMT clinics and outdoor parks remains difficult and compromises widespread use and uptake.

Plans for Next Quarterly Period

- Finalization of positions paper and policy briefs supported by Atlantic Philanthropies; articulation of community-based drug addictions care and treatment advocacy strategy
- Work with provincial counterpart to develop one sub-agreement with CSO sub-grantee (likely in HCMC)
- SMART TA media communications planning, in collaboration with USAID

1.2 Reduce Morbidity and Mortality of PLHIV and Improve Quality of Life

While HIV care and treatment services have been scaled up rapidly in Viet Nam, continuing barriers include access to services; retention in, and quality of, care; and sustainability of the current HIV response. SMART TA will address these barriers through the following strategies:

- Ensure access of PLHIV to HIV treatment services within the CoPC
- Improve quality of care, coordination and referral linkages within the CoPC
- Create a sustainable CoPC through integration of services and improved efficiency

Ensure Access of PLHIV to CoPC Services

It is currently estimated that just 60% of PLHIV in Vietnam are accessing HIV care and treatment services. Some of these persons have never been tested and do not know their status while others know their status, but have not accessed services or have dropped out of care. During year 1, SMART TA will work with GVN and other partners to ensure that MARPs and their sexual and injecting partners have increased access to a range of counseling and testing options and that once they know their status, are immediately enrolled in an HIV care and treatment service or followed up until enrollment has taken place.

In the first quarter of SMART TA implementation, SMART TA partners have achieved the following results:

Table 5 | CoPC Access Performance

Performance Indicator/Output	FY12 Target	Q1 Achievement
Province CoPC reviews completed in SMART TA-supported areas	11 provinces by Q2	8 provincial consultations completed

Performance Indicator/Output	FY12 Target	Q1 Achievement
CoPC core/supplementary service packages drafted with all relevant stakeholders	Drafted by Q4	Review of current interventions undertaken by FHI 360 technical teams
Number/percentage of ANC sites where PITC/mobile HTC is integrated	#/100%	Sub-agreement template drafted with integration processes
Number/percentage of HIV-TB sites where PITC/mobile HTC is integrated	#/20%	Meeting with USAID to develop TB/HIV work in collaboration with KNCV
Early enrollment from HTC-HIV OPC interventions piloted	2-3 sites	Interventions strategy drafted; SMART TA in consultation with GVN and other stakeholders on pilot planning
Number of adults and children newly enrolled on ART		795
Percentage of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy	85%	Aggregated annually
Percentage of newly diagnosed PLHIV enrolled in care and treatment within six months of diagnosis	60%	Aggregated annually

Programmatic Strategies: Achievements

- As part of the eight provincial consultations that took place in Quarter 1, **CoPC services were mapped** and uptake figures were presented. SMART TA will work with GVN, PEPFAR and other key stakeholders to further analyze this mapping data and make recommendations for service consolidation, closure, strengthening or expansion, based on the needs of MARP sub-populations, the disease burden, and provincial resource levels. As a first step towards greater service efficiency and consolidation, SMART TA has worked with provincial counterparts to close three HTC sites (in Da Nang, Khanh Hoa and Cua Lo/Nghe An) and streamline or integrate services in another two areas (one site in Mong Cai and one site in Dien Chau).
- SMART TA has prepared a preliminary strategy and approach for facilitating **linkages between HTC and OPC services**, with the ultimate aim to reduce loss to follow up and ensure timely entry of PLHIV into HIV care and treatment. FHI 360 is working closely with VAAC, the HTC technical working group, PEPFAR and others to finalize pilot approaches; prepare implementation plans; and identify targeted sites.

Programmatic Strategies: Challenges

- Access to, and uptake of, HTC continues to be adversely affected by **cumbersome HTC protocols, processes and procedures** that (a) make it impossible for those getting tested to

immediately know the outcomes of the test, particularly those who have tested negative for the virus; and (b) make it difficult to facilitate repeat testing and linkages to care, particularly for services which are not co-located. SMART TA believes that renewed efforts must be made to advocate for a rapid testing algorithm (finger prick rather than venous) and streamlined procedures regarding confirmatory testing.

Plans for Next Quarterly Period

- Development of new 9-month sub-agreements that emphasize revised service uptake targets, tracking, and demand creation strategies. Sub-agreement strategies may also focus on the closing and/or consolidation of specific services, and may articulate ways to strengthen existing service provision.
- Work with the HTC PEPFAR team and technical working group to initiate PITC at all SMART TA-supported MMT clinics. Further discuss the overall HTC PITC strategy and continue to revisit applicability for the application of the rapid testing algorithm where testing results can be more quickly provided to clients.
- Work with VAAC, PEPFAR, the HTC technical working group and others to advance the HTC-OPC linkages pilot, particularly focusing on confirming approach/strategy, implementation plan, and identifying up to two targeted sites.

Improve Quality of CoPC Care, Coordination and Referral Linkages

In year 1, SMART TA will support hospital and community-based HIV care, support and treatment services in 36 sites for 15,540 PLHIV, including 12,950 on ART (3 sites provide care and support services only). To prepare sites for transition to GVN over time, the current service package and model of service provision in SMART TA-supported sites will be extensively reviewed and SMART TA will work with the GVN and PEPFAR to develop a package of core services for adult and pediatric PLHIV at both facility and community levels. Efficiency and service component costs will also be examined during this review. Coordination and referral linkages within the CoPC will be strengthened to mitigate loss to follow up and ensure PLHIV and their families receive the services they need by linking them to other services provided by the GVN health system, CSOs and mass organizations. Clinical mentoring and QI will ensure that services that are being delivered in a manner consistent with MoH guidelines.

In the first quarter of SMART TA implementation, SMART TA partners have achieved the following results:

Table 6 | CoPC Care, Coordination and Referral Linkages Performance

Performance Indicator/Output	FY12 Target	Q1 Achievement
Number of HIV-positive adults and children receiving a minimum of 1 clinical service	15,540	14,413
Number of adults and children with advanced	12,950	11,969

Performance Indicator/Output	FY12 Target	Q1 Achievement
HIV infection receiving antiretroviral therapy		
Number of SMART TA-supported care and treatment sites receiving clinical mentoring and QI	36	35
Number of eligible children provided with psychological, social or spiritual support		1699
TB infection control site assessment and improvement plan undertaken with KNCV	Developed by Q4	Initial consultation with USAID to review collaboration plans
Coordinated TA plan developed and operational	Developed by Q4	Initial consultations conducted to coordinate and synergize TA; initial TA priorities articulated during provincial consultations (see Objective 3)
M&E and QI tools revised to be consistent with core service package and harmonized with GVN HIV care and treatment program	Revised by Q4	Initial consultations conducted to coordinate and synergize M&E and QI tools (see component 1.3)

Programmatic Strategies: Achievements

- Over the first quarter of implementation, FHI 360's implementing partners have reached **14,413** HIV positive adult and children with a minimum of one clinical service, while **11,969** of these individuals also received ART. SMART TA plans to work with implementing partners to increase the number of people receiving HIV care and treatment services – as per the annual targets – through new, innovative approaches (e.g. HTC-OPC linkages to care pilot); service integration or co-location; and strengthening of the quality of services and referral linkages.
- FHI 360 technical teams, together with the PEPFAR care and treatment technical working group, have initiated reviews of SMART TA-supported CoPC interventions in an effort to inform the preparation of **CoPC core/supplementary service packages**. SMART TA emphasizes three major components to advance this work: (a) collaboration with key partners to articulate the fundamentals of the service packages; (b) the establishment of processes and, where necessary, additional data collection, to ensure that the quality of care and patient outcomes are not significantly adversely affected by changes to the service model, and we can demonstrate the effectiveness and safety of the core package; and (c) the delivery of the core and supplementary service package across sites and provinces, as per the epidemic and resource realities of particular areas.
- Following a review of **community- and home-based care and support services** (CHBC), SMART TA CHBC teams will be restructured so that each team has a maximum of three staff-members. Patient eligibility will be modified so that the teams now focus on newly diagnosed PLHIV and on patients with high priority needs. In the upcoming quarterly periods, SMART TA and its partners also will work to strengthen the referral tracking, adherence tracking, and the loss-to-follow-up tracking systems to assist in the identification

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and support of patients across priority provinces. SMART TA is currently reviewing its **OVC** strategies in an effort to transfer the operation and implementation of these interventions to relevant GVN Ministries/Departments (MoLISA, DoLISA) and CSOs.

- Virtually all SMART TA-supported care and treatment sites have received SMART TA **QI and mentoring** visits in an attempt to (a) identify components of further technical reviews which will inform the development of core/supplementary service packages; (b) orient FHI 360 Care and Treatment Advisors to SMART TA work and to standardize mentoring reporting; (c) identify key technical assistance priorities; and (d) continue to support the delivery of quality care.
- With the assistance of USAID, SMART TA reviewed plans for collaboration with KNCV on furthering **TB/HIV** work.

Programmatic Strategies: Challenges

SMART TA recognizes that there will be many challenges facing the program as we strive to work together to **articulate the CoPC core and supplementary service packages**. There is not widespread consensus among GVN, funder, multilateral organizations and CSOs regarding the structure for HIV care and treatment service delivery (e.g. where services should be provided and who should provide them). There are also different interpretations about how to prioritize provinces and sites for further transitioning and about what constitutes “high, medium and low” HIV burden areas. FHI 360 will work closely with PEPFAR over the succeeding months to facilitate shared definitions, understandings and responses for key care and treatment components/issues that will allow us to work more effectively with GVN and other partners on core/supplementary service package preparation and implementation.

Plans for Next Quarterly Period

- Work with provincial counterparts to conduct more detailed technical reviews in selected sites and in one entire province (e.g. Dlen Bien). These reviews will examine patient outcomes, care and treatment service delivery, and will inform aspects of the service delivery model and capacity building approaches.
- Continue to work with PEPFAR, GVN and other key stakeholders on the articulation of the care and treatment core and supplementary service package. At least one consultation will be planned to advance work on these packages; SMART TA will draft its strategy to present to all relevant stakeholders and will also document processes in new sub-agreements for the development and implementation of core and supplementary package models.
- Review referral mechanisms across the CoPC and present preliminary processes/tools that can be used for referral tracking, adherence tracking and loss to follow up tracking

- Introduce revised CHBC guidelines in all amended sub-agreements for greater efficiency gains
- Develop joint work plan with KNVC on TB/HIV interventions
- Transition components of OVC work (e.g. child protection, school support, etc) to other GVN departments in new sub-agreements

Create a Sustainable CoPC through Service Integration and Improved Efficiency

There is an urgent need to improve the efficiency and cut costs of providing HIV care and treatment services to ensure the sustainable transition of services to GVN as PEPFAR funding reduces over time.

In the first quarter of SMART TA implementation, SMART TA partners have achieved the following results:

Table 7 | CoPC Sustainability Performance

Performance Indicator/Output	FY12 Target	Q1 Achievement
Implementation of PMTCT program transferred to GVN support	Achieved by Q4	Sub-agreement template drafted with transfer consultation/processes
HTC, MMT and HIV services integrated in selected sites	2 sites	1 site (Van Don, Quang Ninh)
CHBC and OVC interventions reviewed and revised as per needs of PLHIV and efficiency gains	Revised and reflected in new sub-agreements (end Q2)	Sub-agreement template drafted with revised CHBC/OVC strategies
Care and treatment components of SMART-TA supported sub-agreements revised as per efficiency gains	Revised sub-agreements by end of Q2	Sub-agreement template drafted with efficiency gains (or processes for efficiency gains)
Number of consultative meetings undertaken to reach consensus on integration of HIV services and alternative, more efficient service delivery models	4	8 provincial consultation meetings conducted, including discussions on integrated models

Programmatic Strategies: Achievements

- SMART TA has been involved in extensive consultations with the Quang Ninh PAC and the Van Don district hospital/Van Don People's Committee to integrate MMT into the existing ARV OPC and HTC clinic based at Van Don general hospital. The **three-in-one model** will emphasize new patient flow; re-located function rooms; and revised staff responsibilities (including some task sharing). As part of the integration process, the GVN has demonstrated its commitment by pledging to cover associated renovation costs and salaries for four government staff in 2012 and up to eight staff in 2013. By the end of Quarter 1 of SMART TA, clinic renovation and equipment procurement has been completed and half of the clinic staff have participated in the MMT accreditation training.

- **Eight provincial consultations** – in the Northwest Region (Lao Cai, Dien Bien); the North (Hanoi, Haiphong, Quang Ninh and Nghe An); and the Mekong Delta region (An Giang and Can Tho) – were facilitated in collaboration with USAID/PEPFAR, Pathways and provincial health authorities. The consultations provided an opportunity to (a) consolidate and discuss CoPC interventions mapping data, with the intention of elucidating a “snapshot” of CoPC implementation across targeted provinces, irrespective of funding agency; (b) identify and discuss programmatic overlaps, inefficiencies, gaps and priorities in the provincial HIV response; and (c) foster and support collaboration across funding agencies and program implementers in HIV CoPC programming.
- SMART TA care and treatment and MMT technical teams have **reviewed CoPC staffing structures** for independent and integrated service provision that will inform the development of revised sub-agreements and core/supplementary service models.
- Following a review of **community- and home-based care and support services** (CHBC), SMART TA CHBC teams will be restructured so that each team has a maximum of three staff-members. Patient eligibility will be modified so that the teams now focus on newly diagnosed PLHIV and on patients with high priority needs. In the upcoming quarterly periods, SMART TA and its partners also will work to strengthen the referral tracking, adherence tracking, and the loss-to-follow-up tracking systems to assist in the identification and support of patients across priority provinces. SMART TA is currently reviewing its **OVC** strategies in an effort to transfer the operation and implementation of these interventions to relevant GVN Ministries/Departments (MoLISA, DoLISA) and CSOs.

Programmatic Strategies: Challenges

- PEPFAR two main funding agencies – USAID and CDC – may have different **time lines and strategies** for transitioning CoPC components and sites. As PMTCT has been identified by USAID as one of the first components for transitioning, it would be useful to organize a PEPFAR meeting to further discuss and articulate a PMTCT transitioning strategy.
- Integrating services – while important in terms of patient access and uptake – may adversely reduce **quality of care and provider motivation/satisfaction**. SMART TA will be closely monitoring its integration strategy to ensure that these interventions do not adversely affect the delivery of services and compromise patient outcomes.
- As a result of efficiency gains that may be advocated in the program, program implementers may respond by **limiting enrollment** of clients into care and treatment or MMT services, or **moving clients** as per geographical considerations. Again, SMART TA will need to closely monitor the situation at district levels to ensure that those who need services are able to access them in the places that are most suitable for their quality care.

Plans for Next Quarterly Period

- Work with PEPFAR to further articulate PMTCT transitions strategy. Explore with VAAC and provincial counterparts the development of PMTCT pilot approach that emphasizes provincial management of multiple testing sites with rapid commencement of ARV treatment and referrals to care
- Introduce revised CHBC guidelines in all amended sub-agreements for greater efficiency gains and transition components of OVC work (e.g. child protection, school support, etc) to other GVN departments as appropriate
- Explore possibilities of supporting 3-in-1 integration models in District 8 (HCMC) and Tuan Giao (Dien Bien). Develop monitoring strategy for identifying any adverse implications of integration approaches

1.3 Provide Targeted Support for Generation and Use of HIV-Related SI

SMART TA will address gaps in HIV-related SI by strengthening epidemic and outcome/impact monitoring; improving programmatic data quality and use; identifying and initiating priority research studies; and improving SI coordination and communications between VAAC, PACs, CSOs and other key stakeholders.

Strengthen Epidemic and Outcome/Impact Monitoring

In the first quarter of SMART TA implementation, SMART TA partners have achieved the following results:

Table 8 | Epidemic and Outcome/Impact Monitoring Performance

Performance Indicator/Output	FY12 Target	Q1 Achievement
Number of surveillance activities carried out with technical and/or financial assistance from SMART TA	3	Finalization of FY11 size estimations exercise; development of IBBS protocol

Programmatic Strategies: Achievements

- SMART TA is currently working with NIHE and the PACs in Dien Bien, Can Tho and HCMC finalize the results of **MARP size estimations exercise** carried out over the past year. Lessons learned from this exercise will inform the continuation of size estimation work in an additional three provinces in FY12.
- SMART TA has initiated work on the **IBBS protocol** that is expected to be finalized in the next quarterly period.

Programmatic Strategies: Challenges

- Like all consultative work SMART TA is involved in, the coordination of numerous partners at the national and provincial levels **takes time** and can adversely affect the projected delivery of SMART TA outputs.

Plans for Next Quarterly Period

- Finalize IBBS protocol and submit to VAAC and IRBs for approval
- Use lessons learned from FY11 size estimation exercise to identify targeted MARP subpopulations, size estimation methodology and research locations for follow-on size estimation exercise

Improve Programmatic Data Quality and Use

While FHI 360 and other organizations have piloted QI systems, there remains a lack of consensus on QI tools and techniques. The MoH has yet to embrace and institutionalize a QI system that they jointly offer to, and operate with, the PACs. This is paired with the need for MoH VAAC SI capacity strengthening in analysis and communication to stakeholders of cogent summaries of the epidemic, HIV testing trends, and models in prevention, care, and treatment. Health Management Information Systems (HMIS), similarly, have neither been systematically developed nor kept pace with program expansion. The MoH and its local partners still need an HMIS that is simple, fast, and capable of providing key data to inform policy-making and decision-making at the national and local levels.

In the first quarter of SMART TA implementation, SMART TA partners have achieved the following results:

Table 9 | Data Quality and Use Performance

Performance Indicator/Output	FY12 Target	Q1 Achievement
QI tools revised and harmonized for HIV care and treatment	Drafted, Q4	National QI data collection tool for care and treatment drafted and piloted
DQA tool and processes/protocols finalized	Tool/protocol developed in Q3	Pilot preparation (to commence in Q2)
Site-level cost data generated in SMART TA-supported provinces (program reviews)	10-11 provinces, Q2	8 provincial consultations conducted
HIV MIS reviewed	4 meetings/year	
Data use and decision making improved at provincial levels	4 DDM Workshops and 4 DDM on-site coaching visits/year (with HPI)	1 workshop and 1 coaching visit conducted

Programmatic Strategies: Achievements

- SMART TA has played a technical role – together with VAAC, CDC, WHO, HAIVN, GFATM, USAID and others – to articulate a core set of indicators and data collection tools for **HIV care and treatment QI** processes. FHI 360 will continue to work with these partners to support the operationalization of the care and treatment QI system by (a) participating in the drafting and delivery of a QI training curriculum; and (b) providing QI monitoring and mentoring support for staff at SMART TA-supported OPC sites.
- Together with PEPFAR, SMART TA has supported VAAC to develop a **DQA** tool, which was approved at the end of Quarter 1. The tool is expected to be piloted during the second quarter.
- SMART TA continues to work with HPI on the **Data Decision Making (DDM)** initiative. In Quarter 1, SMART TA and HPI provided technical assistance for one DDM workshop and one on-site coaching session on data use, data triangulation and data presentation for targeted DDM provincial staff. SMART TA participated in the development/completion of **epidemic updates** for Ho Chi Minh City, Hai Phong and Can Tho, and used DDM data as the starting point for discussion during the eight **provincial consultations**.

Programmatic Strategies: Challenges

- It remains unclear if these QI and DQA systems or processes may need to be **revised** with the articulation of CoPC core and supplementary service models. All SMART TA technical staff must think about how we can harmonize present QI and DQA tools and processes (or aspects thereof) with service delivery models we develop together in the future.
- The DDM data – while useful at a provincial level – can be **difficult to interpret** at district levels. Data interpretation is also compromised by the fact that funders emphasize different indicators, unit designations, and data interpretation methods.

Plans for Next Quarterly Period

- Harmonize SMART TA care and treatment indicators and tools with national QI system
- Work with VAAC, PEPFAR and others to pilot the national DQA tool
- Work with provincial partners to identify areas where further costing data/analysis is needed
- Work with all relevant partners to develop the HIV MIS protocol
- Link DDM initiative with SMART TA response team programming to ensure that SI and program strategies are synergized

Support a Set of Priority Research Topics

SMART TA will work with MoH and other key partners to articulate key research priorities and to implement a series of operational research (OR) studies that inform the national response and respond to gaps in the Vietnam evidence base.

In the first quarter of SMART TA implementation, SMART TA partners have achieved the following results:

Table 10 | Priority Research Performance

Performance Indicator/Output	FY12 Target	Q1 Achievement
Number of operational research studies conducted with technical and/or financial assistance from SMART TA	4	Co-pay model evaluation plan initiated; review of international journals to further articulate priority research ideas
Number of community research projects generated through competitive grants process	3-4	
Number of articles submitted to peer reviewed journals	3	1

Programmatic Strategies: Achievements

- While SMART TA has not yet worked with VAAC, PEPFAR and others to articulate **key research priorities** in FY12, FHI 360 has reviewed international journals and current Vietnam monitoring/evaluation data to articulate possible research priorities for discussion.
- FHI 360 and its research partners have completed a number of **operational studies** under USAID Agreement No. AID-486-A-06-00009. They include (a) a qualitative study on the barriers and facilitating factors influencing access and retention in care among PLHIV in Hai Phong and Can Tho; (b) a qualitative assessment on MARP HIV knowledge, commodity use and service uptake in HCMC and Dien Bien; and (c) validation of data for the finalization of a 24 month MMT cohort study in HCMC and Hai Phong.
- FHI 360 staff – Ms. Vuong Thi Huong Thu and Stephen Mills – prepared and submitted an article on drug policy in Viet Nam. The ensuing article titled “**Drug Policy in Vietnam: A Decade of Change?**” was accepted by the International Journal of Drug Policy and will be published during Quarter 2 of SMART TA.

Programmatic Strategies: Challenges

- Recognizing the **interplay between strategic information and CoPC programming**, SMART TA believes that it is critical to involve technical and programmatic representatives in the identification of priority research topics. A key challenge will involve articulating mechanisms that allow for substantive inputs in a timely and comprehensive manner.

Plans for Next Quarterly Period

- Work with VAAC, PEPFAR and key stakeholders (including CoPC technical/programmatic representatives) to finalize list of FY12 priority research topics and make plan for initiation of research
- Develop protocol and research plan for MMT DoLISA co-pay model evaluation in Hai Phong
- Articulate RFA process for community research grants (following articulation of priority research topics)

Improve SI Coordination and Communications

Inefficient coordination and communications between SI stakeholders and those implementing programs have hampered the effective use of SI in Vietnam.

In the first quarter of SMART TA implementation, SMART TA partners have achieved the following results:

Table 11 | SI Coordination and Communications Performance

Performance Indicator/Output	FY12 Target	Q1 Achievement
Number of annual epidemic bulletins and technical updates developed and disseminated in collaboration with GVN and stakeholders	4	1

Programmatic Strategies: Achievements

- Over the first quarter of SMART TA, FHI 360 prepared a set of cogent **research summaries** conducted by the GVN with USAID/PEPFAR support. These summaries will be printed and disseminated in Quarter 2.

Programmatic Strategies: Challenges

- The articulation and development of **CoPC technical updates** will require extensive collaboration with a number of stakeholders within Viet Nam, as well as analyses of evidence from international sources, which will take time and considerable effort.

Plans for Next Quarterly Period

- Work with PEPFAR, VAAC and others to identify topic for technical update and process for preparation of document

II. Transition Financial, Administrative and Technical Ownership of CoPC Services

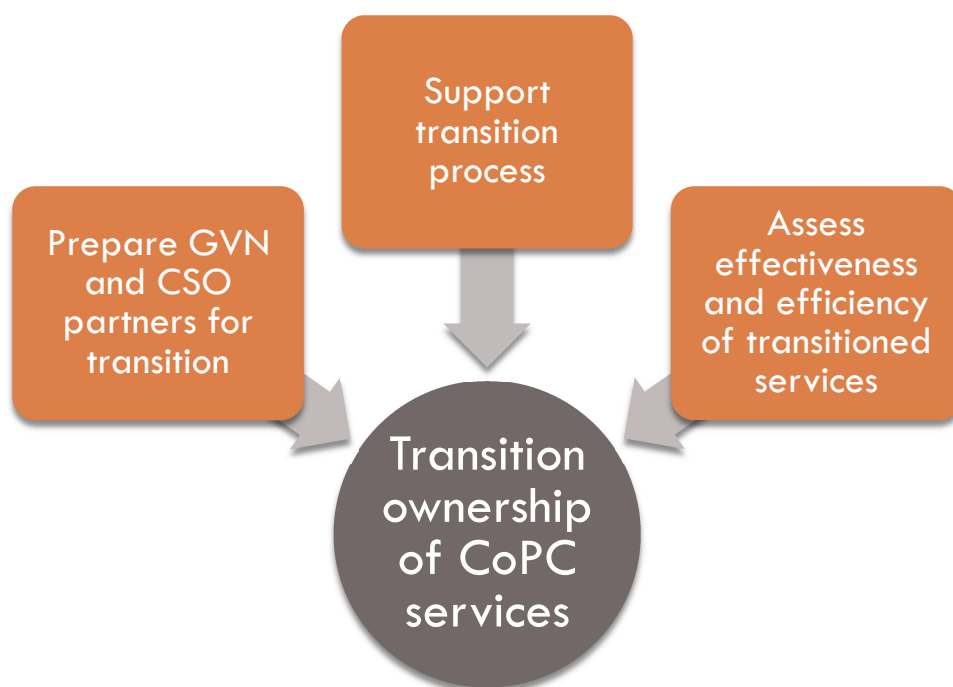


Figure 3: SMART TA Objective 2 Interventions Strategy

SMART TA will incrementally transition all financial and technical responsibility for CoPC programming to GVN and CSO partners, based on systematic assessments of capacity, resources and effective implementation models that match local HIV epidemic needs. Three components underlie the transitioning process:

1. Preparing GVN and CSO partners for transition
2. Undertaking and supporting the transitioning process in targeted locales
3. Assessing the effectiveness and efficiency of transitioned services and providing technical assistance as per the needs of the implementing partners

2.1 Prepare GVN and CSO Partners for Transition

In Year 1 of the program, the focus will be on understanding the GVN transitions “context” and preparing SMART TA GVN and CSO partners for transitioning, through the following interventions:

- Conduct comprehensive mapping and provincial analyses (the CoPC provincial consultations articulated in Objective 1) that provide a “snapshot” of CoPC implementation in targeted

provinces; identify transitions priorities; and assess partner programmatic, technical and financial capacities

- Work with GVN and PEPFAR to prepare CoPC core and supplementary service packages and gain consensus on their use (also articulated in Objective 1)
- Work with VAAC and PEPFAR to establish and/or identify transitions oversight structures at the national and provincial levels which can help contextualize the transitions environment; outline transitions opportunities and challenges; and set transitions roadmaps at the national and provincial levels
- Make programmatic (direct implementation) efficiency gains of approximately 20% across all SMART TA-supported sub-agreements

In the first quarter of SMART TA implementation, SMART TA partners have achieved the following results:

Table 12 | Transitioning Performance

Performance Indicator/Output	FY12 Target	Q1 Achievement
Province CoPC reviews completed in SMART TA-supported areas	11 provinces by Q2	8 provincial consultations conducted
Provincial data interface created and used	Created, Q2	SMART TA provincial interface drafted
CoPC core/supplementary service packages drafted with all relevant stakeholders	Drafted by Q4	Review of current interventions undertaken by FHI 360 technical teams
PEPFAR working groups established and operational	Established by end of Q2	
Transitions bodies established and operational	Up to 11 (throughout year)	
Sub-agreement efficiency gains made	20% across each sub-agreement	Sub-agreement efficiency gains/processes outlined in sub-agreement templates

Programmatic Strategies: Achievements

- **Eight provincial consultations** – in the Northwest Region (Lao Cai, Dien Bien); the North (Hanoi, Haiphong, Quang Ninh and Nghe An); and the Mekong Delta region (An Giang and Can Tho) – were facilitated in collaboration with USAID/PEPFAR, Pathways and provincial health authorities. The consultations provided an opportunity to (a) consolidate and discuss CoPC interventions mapping data, with the intention of elucidating a “snapshot” of CoPC implementation across targeted provinces, irrespective of funding agency; (b) identify and discuss programmatic overlaps, inefficiencies, gaps and priorities in the provincial HIV response; and (c) foster and support collaboration across funding agencies and program implementers in HIV CoPC programming.

- SMART TA acknowledges that, while there is comprehensive data available at the provincial levels – via sources like the IBBS and the Data for Decision Making initiative – this information can be difficult to extract for programming purposes. To this end, FHI 360 has developed a **user-friendly interface** that allows users to search and extract information from available provincial master files in an effort to foster a more holistic provincial response. This interface will initially be used internally by SMART TA technical and response teams to ascertain its usefulness, before it is introduced to provincial counterparts.
- FHI 360 technical teams, together with the PEPFAR, have initiated reviews of SMART TA-supported CoPC interventions in an effort to inform the preparation of **CoPC core/supplementary service packages**. SMART TA emphasizes three major components to advance this work: (a) collaboration with key partners to articulate the fundamentals of the service packages; (b) the establishment of processes and, where necessary, additional data collection, to ensure that the quality of services and patient outcomes are not significantly adversely affected by changes to the service model, and we can demonstrate the effectiveness and safety of the core package; and (c) the delivery of the core and supplementary service package across sites and provinces, as per the epidemic and resource realities of particular areas.
- SMART TA has drafted a CoPC narrative template that can be used as a basis for developing new **sub-agreements** with GVN and CSO implementing partners. These sub-agreements – that come into effect on April 1, 2012 – will differ from previous agreements in a number of substantial ways: (a) there will be greater focus on the broader provincial response; (b) sub-agreement time frames and reporting will be aligned with GVN processes; (c) sub-agreements will outline efficiency gains and/or processes for efficiency gains over time; and (d) sub-agreements will outline processes for development of core/supplementary CoPC service packages.
- SMART TA has worked closely with the Hai Phong Provincial Health Services to develop a three-year **MMT transition plan**. The Hai Phong People's Committee recently approved Decision # 1932/QD-UBND (dated Nov 29, 2012) under the proposal "*Sustainable development of the program of substitution treatment of opiate dependence using methadone.*" With this decision, Hai Phong has committed to including MMT treatment as a key component of Hai Phong's health system. As MMT becomes increasingly integrated within the GVN health system, the amount of external funding required to administer it will similarly reduce: by 30% in 2012 and by 70% in 2013. Hai Phong will ensure the availability of funds to build, repair, renovate and upgrade MMT infrastructure; and to purchase and maintain essential equipment Hai Phong will also support the staffing costs for MMT clinics, with the aim of moving towards more sustainable socialization models of care.

Programmatic Strategies: Challenges

- Together with PEPFAR and GVN, SMART TA has not yet outlined processes by which to identify or develop CoPC **transition oversight structures** at the national and provincial levels. The establishment of these bodies is crucial for (a) ensuring a consistent PEPFAR response (e.g. internal PEPFAR transitions working groups); and (b) fostering ownership of transitioning processes and troubleshooting issues that threaten the success of the initiative.

Plans for Next Quarterly Period

- Completion of final 3 provincial consultations (HCMC, Khan Hoa and Da Nang); drafting of all provincial consultation reports; and sharing of provincial consultation outcomes with PEPFAR partners
- Development of new 9-month sub-agreements, in consultation with implementing partners, USAID/PEPFAR and the GVN
- Facilitation of at least one consultation to discuss the development of prevention core and supplementary service packages with relevant GVN, CSO, multilateral and donor agencies
- Work with PEPFAR to actualize internal transitions working groups
- Work with VAAC, PEPFAR and provincial authorities to identify or develop national and provincial transitions bodies, focusing on the finalization of a SoW

III. Strengthen Technical Capacity and Country Ownership

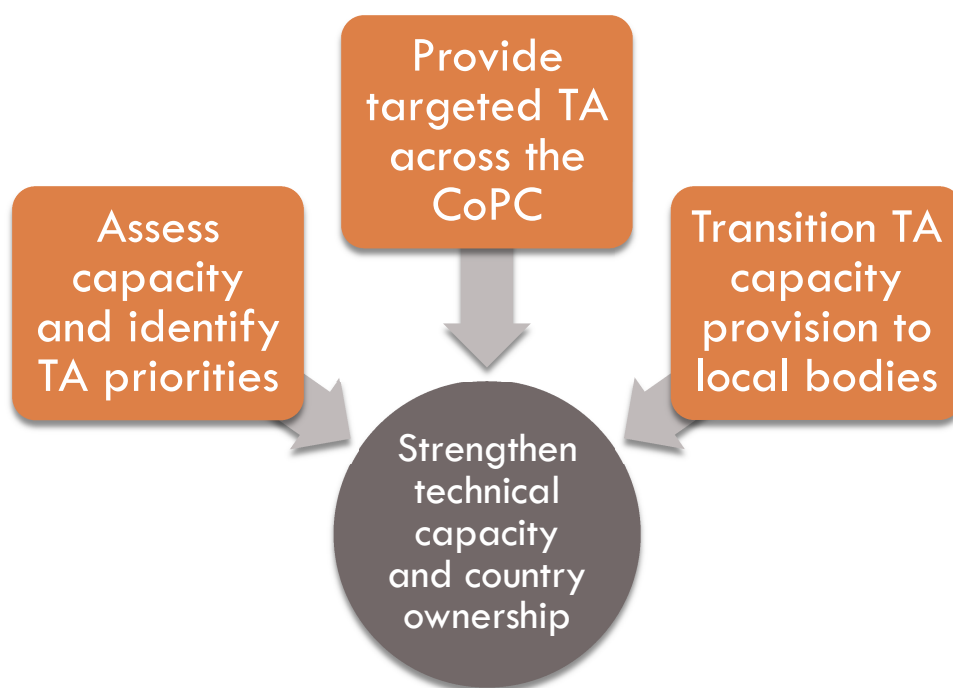


Figure 4: SMART TA Objective 3 Interventions Strategy

SMART TA will strengthen technical capacity of the GVN to manage a coordinated and effective national HIV response. The Program will provide national GVN and CSO (particularly Pathways) partners with requisite financial, technical and administrative assistance to institutionalize knowledge and capacity building that enables them to deliver quality programs and services, and which ultimately facilitates the provision of local technical assistance. Strategic Objective 3 has three main components:

1. Assess capacity of targeted GVN and CSO partners and together identify technical assistance priorities
2. Provide tailored technical assistance to GVN and CSOs beyond PEPFAR-supported initiatives
3. Transition technical assistance capacity provision to local bodies, institutions and/or providers

3.1 Access TA Capacity, Identify TA Priorities and Provide TA

While Vietnam's capacity to respond to HIV prevention, care and support, drug treatment and SI needs has grown substantially in the past 20 years, there remains significant gaps in ownership and provision of technical leadership and capacity building.

SMART TA will work with the GVN, Pathways and CSO partners, building their capacity to provide technical assistance and capacity building and promoting sustainable country ownership of HIV technical assistance over the medium to long term.

In the first quarter of SMART TA implementation, SMART TA partners have achieved the following results:

Table 13 | TA Performance

Performance Indicator/Output	FY12 Target	Q1 Achievement
Number of technical capacity assessments undertaken		Initial technical assistance gaps articulated in 8 provincial consultations; plans for further technical capacity assessments planned for selected care and treatment sites
Number of SMART TA-supported provinces with provincial annual TA plans		Process for articulating TA priorities to be outlined in new sub-agreements
Number of implementing partners provided with minimum package of technical and management capacity development assistance	35	Care and treatment mentoring visits undertaken in 35 sites
Number of Pathways-supported civil society organizations that received TA from SMART TA	5	SMART TA participating in selection of Pathways PLPs
Number of health care workers who successfully completed an in-service training program	1 000	Aggregated semi-annually
Number of community health and paraprofessional social workers who successfully completed an in-service training program	3000	Aggregated semi-annually
Number/type of coordinated TA provision		Processes discussed for coordinated care and treatment TA provision; coordinated NSP TA provided in Dien Bien
Number of institutions that have received SMART TA technical assistance providing technical assistance to GVN or CSOs at the national, provincial or district levels		

Programmatic Strategies: Achievements

- In the first quarter of the program, SMART TA has focused on developing processes for the systematic **identification of technical assistance priorities** and **coordination of**

harmonized technical assistance across partners, beginning in the area of care and treatment.

- SMART TA is working with HAIVN, CHAI and University of Washington Global Health to compile all **international training tools** used in Vietnam. This is the first step to organizing a reference library that contains disease-specific information, approach to syndromes with case studies, and a case photo library. Dr. Nhan, chief of C&T VAAC, is very interested in standardizing training materials and agreed that as a first step, international partners should standardize and assure the quality of all training materials before transfer to MoH, VAAC, public university, or other GVN institutions.
- SMART TA is working with GVN, PEPFAR and other international partners to initiate work on a standardized **care and treatment mentoring template** as well as a **coordinated schedule** for both mentoring and training across key care and treatment sites.
- Virtually all SMART TA-supported care and treatment sites have received SMART TA **QI and mentoring** visits in an attempt to (a) identify components of further technical reviews which will inform the development of core/supplementary service packages; (b) orient FHI 360 Care and Treatment Advisors to SMART TA work and to standardize mentoring reporting; (c) identify key technical assistance priorities; and (d) continue to support the delivery of quality care.
- As a member of the Pathways Project Advisory Committee, SMART TA is involved in the selection of **Pathways Lead Partners (PLPs)**. It is expected that the PLP selection process will be finalized in Quarter 2.
- In collaboration with WHO, World Bank and the GFATM, and with funding from PEPFAR (CDC and USAID), SMART TA is supporting the MoH to provide technical assistance to all **MMT clinics** within the national program to ensure unified and standardized service quality across all sites regardless of funding sources.
- This quarter, SMART TA provided technical assistance to UNODC to conduct one TOT training (22 participants from the PAC and five district health centers) and to coach eight follow-up trainings for 300 hamlet base health collaborators in Dien Bien. Such coordinated TA provision will help sustain the implementation of **harm reduction programming** in the province.

Programmatic Strategies: Challenges

- The provision of coordinated technical assistance, while critical, is in its **early stages**. It will require leadership on the part of GVN, multilateral organizations and funders to ensure synergy of efforts across partners and sites.

Plans for Next Quarterly Period

- Work with provincial counterparts to conduct more detailed care and treatment technical reviews in selected sites and in one entire province (e.g. Dlen Bien). These reviews will examine patient outcomes, care and treatment service delivery, and will inform aspects of the service delivery model and capacity building approaches.
- Articulation of quarterly provincial CoPC TA priorities, as part of sub-agreement reporting guidelines. Such listings will be used to further coordinate and systematize TA provision in targeted provinces.

PROJECT MANAGEMENT AND PERSONNEL REQUIREMENTS

In this first quarter of SMART TA, staff were introduced to project goals and objectives through a series of orientation sessions. Furthermore, the organizational structure of staff was adjusted to better meet SMART TA goals and cross-unit collaboration. The new structure stresses both the technical expertise and capacity building needed for the project while also overlaying a new response team structure that emphasizes linkages in the prevention-care continuum and the ultimate transfer of a more efficient continuum to the government and its partners.

While most staff were transferred over from the previous USAID-supported project to immediately begin working on SMART TA, several new project hires were initiated in this quarter. Two care and treatment technical advisors, Dr. Nick Medland and Dr. Suresh Rangarajan, were hired to provide international expertise in ARV treatment, quality improvement, and health systems strengthening (HSS). The search for a local HSS advisor who will lead new openings with the Ministry of Finance and will help to form Coordination Committees at the national and provincial levels yielded a candidate, Ms. Le Thi Thu Hien, who will start in the second quarter.

Finally, Ms. Vu Thi Huong Thu, currently Manager, IDU prevention interventions, announced her resignation, effective February 15 2012, because she will pursue a PhD in Australia. We have initiated a search for her replacement.

INFORMATION ON COST OVER RUNS

Project spending is in line with SMART TA Quarter 1 expenditure targets.

NEXT REPORTING PERIOD TA AND INTERNATIONAL TRAVEL PRIORITIES

FHI 360 is preparing a listing of international TA and travel plans for Quarter 2, which will be submitted to the AOR and Contracts Officer for their approval and concurrence.

FY12 Quarter 1 Performance Report

SMART TA SUCCESS STORIES

While FHI 360 and its partners are justifiably proud of the first quarter accomplishments, it is premature to articulate SMART TA success stories at such an early stage in the program. FHI 360 expects to provide at least one success story to USAID at the end of the second quarter and will work closely with our funder and the GVN to identify stories with significant relevance and broad appeal.